



Senate Bill 303: Promoting Safety, Quality & Equity in Oregon's Psilocybin Therapy Program

In November 2020, Oregon voters approved Measure 109, creating licensed and regulated psilocybin therapy in Oregon and offering new hope to the many Oregonians who suffer from anxiety, depression, trauma, and addiction. After a successful 2-year regulatory development period prioritizing safety and access, psilocybin service providers are now slated to open their doors later this year.

As the first state in the country to create licensed and regulated access to psilocybin therapy, the state of Oregon has a responsibility to provide clients, operators, decision makers and the general public with information that is essential to ensure client safety, quality of services, and equitable access.

Why Collect Information?

Currently, there is no mechanism for measuring outcomes for the Oregon psilocybin program. Without a framework focused on measuring safety, quality, and equitable access, we won't know how many people are receiving services, whether the program is equitable, or meaningful information about the adverse outcomes relating to client experiences that may occur.

Safety: Measure 109 contained specific safety guardrails, and the program's safety provisions were expanded and enhanced during the two years of study and rulemaking. Information collected as the program is implemented about adverse events will allow the state and other organizations to propose ways to make the program even safer.

Equitable Access: Psilocybin therapy must be accessible to those with diverse racial, gender and economic backgrounds. Collecting complete and protected information about who is or is not able to access therapy is vital to ensuring the Oregon program is able to track inequities in access or delivery of services.

Additionally, if psilocybin therapy is to ever be considered for health insurance coverage in the future, the information collected through SB 303 will be helpful in proving initial programmatic metrics that the insurance industry needs to assess viability of providing coverage. Eventually, having health insurance cover psilocybin therapy will be essential for supporting people who are otherwise unable to afford paying for services, making the program more affordable and equitable over time.

Quality of Service: Improving the quality of services delivered will not be possible without a good understanding of the efficacy or potential shortcomings of psilocybin therapy. By collecting information about results and trends in patient experiences, facilitators, service center operators and advocates can learn how to improve psilocybin therapy over time.

In order to build a sustainable, values-based model for the delivery of psilocybin services in Oregon and across the country, the collection of key metrics must be incorporated into the structure of this work.

What's Needed for Oregon's Program

Under SB 303 Service Centers will collect and submit aggregate (summarized) information to the Oregon Health Authority, without any personal details that could be used to identify an individual client. Under the revised version of SB 303, a client may choose to opt-out of having a Service Center provide their aggregate information to the OHA. OHA will then share that information with researchers at Oregon Health and Science University (OHSU) so they can assess information and report out key information points on safety, quality and equity of services.

Service Centers will be required to report the following information to the OHA:

- Aggregate-level demographics information about clients, including race, ethnicity, disability status, sexual orientation, gender identity, income and age
- The number of individual and group sessions held at a service center, total number of clients served, average group size, and average number of times services are provided to each client
- The number and severity of adverse behavioral and medical reactions experienced
- The average dose of psilocybin used per client per session
- The reasons clients are seeking services
- The number of clients denied services, and why

Client Protections & Service Center Role

Under current OHA rules (outside of what is being proposed), service centers must collect and store client information for up to five years (333-333-4820). After the passage of SB 303, service centers would be required to submit information in aggregate to the OHA on a quarterly basis, starting January 1, 2024. Much of the protected, aggregate information submitted to OHA will come from information that service centers are already required to collect as part of their everyday business operations.

HealingAdvocacyFund.org

A 501c3 non-profit organization, Healing Advocacy Fund works to implement safe, high quality, and equitable psychedelic therapy. We educate and support leaders and communities in understanding the benefits of psychedelic therapy for mental health challenges including depression, anxiety and addiction.